

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/25/03.

I. DISPUTE

Whether there should be reimbursement for a 76000 - fluoroscopy performed 1/28/03 and denied by the carrier on the basis of "F" – fee guideline.

II. RATIONALE

Commission Advisory 97-01 states, "If a health care provider believes fluoroscopic assistance (fluoroscope) is medically necessary when performing an injection on a particular patient, and it is not included in the procedure, the provider shall bill the appropriate CPT code for the injection and the appropriate CPT code for the fluoroscopic assistance.

The Operative Report, dated 1/28/03, verifies the procedure was a right SI joint injection. It also supports that the requestor felt "fluoroscopic guidance in order to ensure need placement and spread of medication to the appropriate area..." was necessary. On this basis reimbursement is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 76000 in the amount of **\$110.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$110.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 23rd day of January 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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